

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/656956</div>		Filing Date				
							Applicant(s)						
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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47							97						
48							98						
49							99						
50							100						
Total Indep	↙		↙		↙		Total Indep	↙		↙		↙	
Total Depend	↘		↘		↘		Total Depend	↘		↘		↘	
Total Claims							Total Claims						